

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

實施照顧計畫或
修正照顧計畫之通知

NOTICE OF IMPLEMENTATION OF PLAN OF CARE OR
PLAN OF CARE AMENDMENT

收件人： 個案當事人/申請人之姓名與地址

法律代表之姓名與地址

請在此處折疊，並使地址能在地址窗顯露。

尊敬的_____：

茲附上另選安置計畫之照顧計畫或修正照顧計畫，請您閱覽。

- 如果您同意該照顧計畫或修正照顧計畫，請簽名，之後將已簽名的一頁於_____前寄回，請用隨附的寫有回郵地址的信封郵寄。
- 如果您不同意該照顧計畫或修正照顧計畫，您必須於_____前提出申訴。您目前享受的服務在您申訴期間將不中斷。
- 如果我們於_____之前未收到由您簽名之頁或申訴請求，按華盛頓州行政法規第388-845-3070條規定，發展殘障服務處將認為您已經表示同意，並將開始實施該照顧計畫或修正照顧計畫。

如果您有任何疑問，請電詢：_____電話號碼是_____

副本抄送：將照顧服務計畫隨附於個案當事人檔案



實施照顧計畫或
修正照顧計畫之通知
依據社會福利服務部聽證條例
第388-02章之規定。

FOR AGENCY USE ONLY

☐ Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

請寄往: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

傳真: 360-586-6563

本人提出舉行聽證會之請求，理由是我不同意社會福利服務部 (DSHS) 作出的以下決定：

- 請簡要說明社會福利服務部所提供或未提供的服務；並且
- 如果可能的話，請隨附您對之提出申訴的決定通知書副本。

您的姓名（請工整書寫）

出生日期

社會安全號碼

提出聽證請求者的地址

當事人的個案號碼

城市

州

郵遞區號

電話號碼（請包括地區號碼）

☐ 留言電話

本人於：_____收到通知 知頒發機構：_____

日期

社會福利服務部辦事處的名稱及地點

若符合資格，本人願意繼續獲得幫助：☐是 ☐否 計畫名稱：_____

本人的代表是（若您將親自出席，請不要填寫以下兩行內容）：

您的代表之姓名

組織機構

電話號碼

地址

街道

城市

州

郵遞區號

☐ 本人同意將我的聽證請求資訊透露給我的代表。

您的簽名

日期

您是否需要口譯人員或其他便利條件，以便您參加聽證會？☐是 ☐否

若需要，請問是哪種語言或哪些幫助？_____

行政聽證法官 (ALJ's) 也許會利用電話方式進行某些聽證。如果您希望改為一個親自出席的聽證會，請遵循聽證會通知中所述的方法行事，該通知將由行政聽證管理處寄給您。

INSTRUCTIONS

What is the legal authority for this action?

The legal authority for this action is WAC 388-845-3020: What happens if I do not sign my plan of care? If DDD is unable to obtain the necessary signature on the plan of care from you or your legal representative, DDD will take one or more of the following actions:

- (1) DDD will continue providing services as identified in your prior POC for up to thirty days after completion of your new POC.
- (2) DDD will attempt to contact you or your legal representative by phone or mail.
- (3) After thirty days, if DDD has not heard from you or your legal representative, DDD will assume consent and implement the new POC with or without your signature or the signature of your legal representative.
- (4) You will be provided written notification and appeal rights to this action to implement the new POC.
- (5) Your appeal rights are in WAC 388-825-0120 through 388-825-0165.

When would I use this notification?

This notification is necessary when the legal representative is required to sign the POC but has not responded with either agreement or disagreement to the POC.

What is the case manager expectation for attempted communication with this person?

This notice is sent only after other reasonable but unsuccessful attempts to communicate with the person before and during the POC process.

- Use available methods such as the telephone book to get a current telephone number.
- Attempt to call the person before sending this notice to explain the intent of the notification and implementation.
- Document all of these attempts and contacts in the SER.

Is the notice sent with the POC/POC Amendment?

Yes, Both the POC and POC Amendment include the appeal rights. Enclose a stamped self-addressed return envelope.

Is the notice to be sent by certified mail?

Send the notification and POC by standard delivery and allow 5 days for receipt of mailing.

How do I calculate the due dates?

- DDD must provide 30 days advance notice of any change so allow 30 days + 5 days for mailing, based on the estimated mailing date.
- Appeal timeline is 28 days from receipt of notice so allow 28 days +5 days for mailing and receipt.
- Implementation date is same date used for the due date of the signature date in the first bullet.

What if the person makes an oral request to appeal the POC?

If the person makes an oral request to appeal the POC, the case manager will complete the request for appeal from the POC and refer the request onto the Office of Administrative Hearings.

How do I proceed if an appeal to the POC is filed?

The filing of an appeal stops the implementation of the new POC. Services continue per the previous POC until the final decision is issued in the appeal.